

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Isaac L. Armstrong						CERTIFICATE OF DEATH	
Died at	Town	Bel Air	County	Maryland			
Date of death	Month	1909 June	Day	5	Age	11	Years Months Days
Sex	Color or Race	Male	Black	Birth-place			
Occupation	Where Residing if not at place of death						Bel Air Ind
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Lewis Armstrong						Father's Birthplace
Mother's Maiden Name	Jessie Armstrong						Mother's Birthplace
Name of person giving information	Jessie Armstrong						How related to deceased
CAUSES OF DEATH							
Primary	Rachitis —						How long all his life
Immediate	Inanition						How long 2 or 3 months
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		G. F. Van Dillen	
				Address		Bel Air Ind	
Accident or Suicide?							

The Mountain Chick



8

9

Name
in
Full

Eliza W. Barrow.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at	Hickory	County	MARYLAND
Date of death	Month 1909 June	Day 28	Years Age 85
Sex	Female	Color or Race	White
Occupation	Housewife	Where Residing if not at place of death	Hickory
Married, Single or Widowad	married	Name of Wife or Husband	James S. Barrow.
Father's Name	William Bull	Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Ruff.	Mother's Birthplace	Maryland
Name of person giving Information	Mr. William Barrow	How related to deceased	Son.

CAUSES OF DEATH

154

How long

How long

Primary

Exsanguination
Savcility

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

F. Lee Hughes
Belair
Md.

Accident or Suicide

Thomas Run.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. L. Brinker

Town

County

Died at

Bagley Hager

Month

Day

Year

MARYLAND

MARYLAND

Date
of death 190

9 June 27

Age 55

Month

Day

8

27

Sex

Male

White

Birth-
place

Occupation

Farmer

Where Residing if not
at place of death

Ridge

Married, Single
or Widowed

Name of Wife or
Husband

Mary McCleoday

Father's
Birthplace

Father's
Name

Joe Brinker

Germany

Mother's
Maiden Name

Elizabeth Baker

Germany

Name of person giving
Information

His widow

wife

CAUSES OF DEATH

171

Primary

Electric Stroke, struck by instant death

How long

Immediate

Lightning.

How long

Are the name, age, sex, color, date
and place correctly given above?

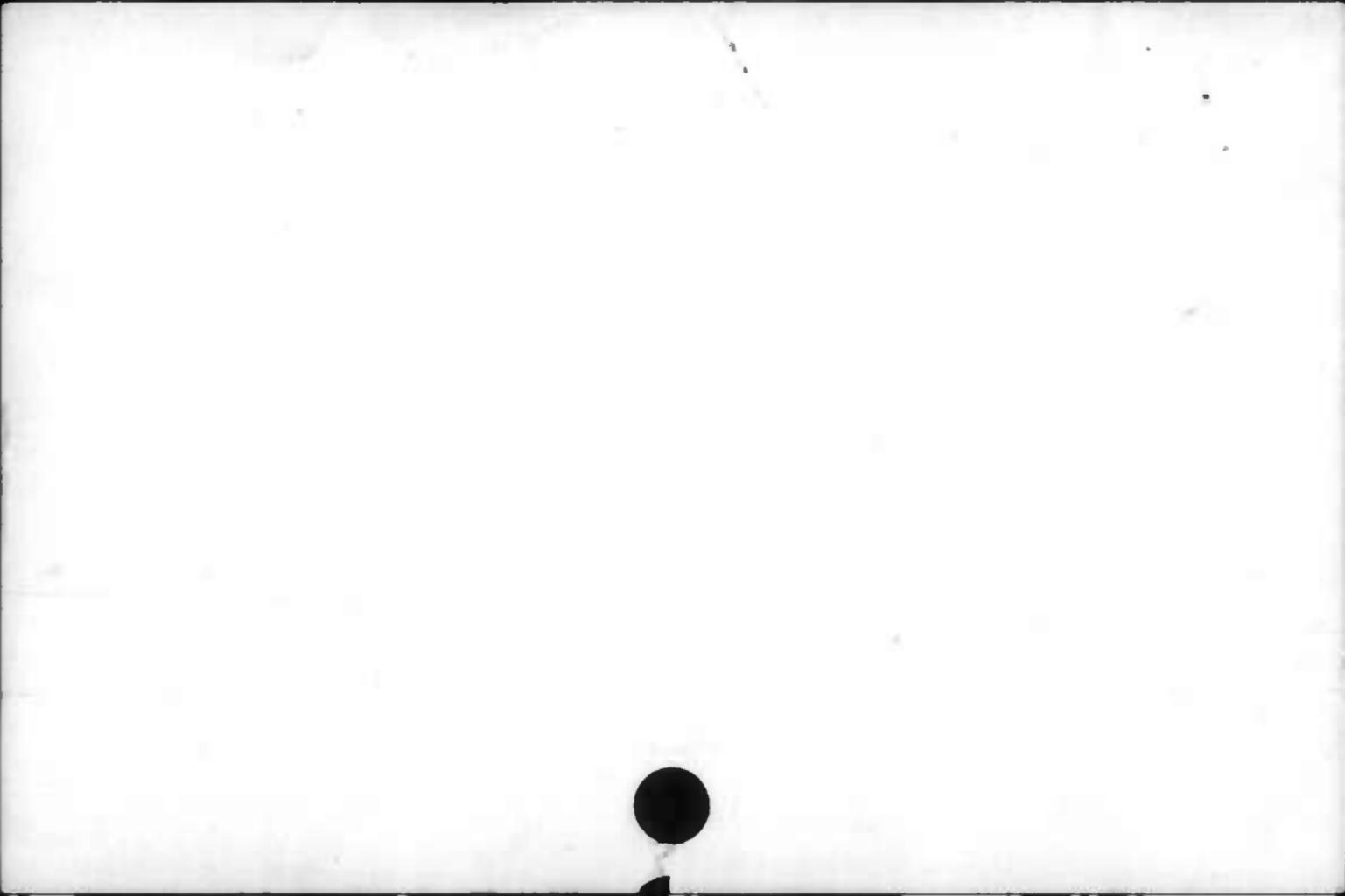
Yrs

Signature of
Physician

Address

Charles Bagley M.D.
Bagley, Md.

Accident or Suicide



Name
in
Full

Susan Buek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Date
of death

Month

Day

County

MARYLAND

1909

July

12

Years

Age

Months

Days

Sax

Male

Color or
Race

White

Birth-
place

Whiteford Md

Occupation

None

Where Residing if not
at place of death

None

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Elmer Buek

Father's
Birthplace

Mother's
Maiden Name

Margaret Barrow

Ind
red
Father

Name of person giving
Information

Elmer Buek

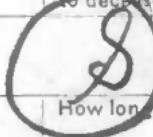
Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Pneumonia Buek



How long

Immediate

Emphysema & cord

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

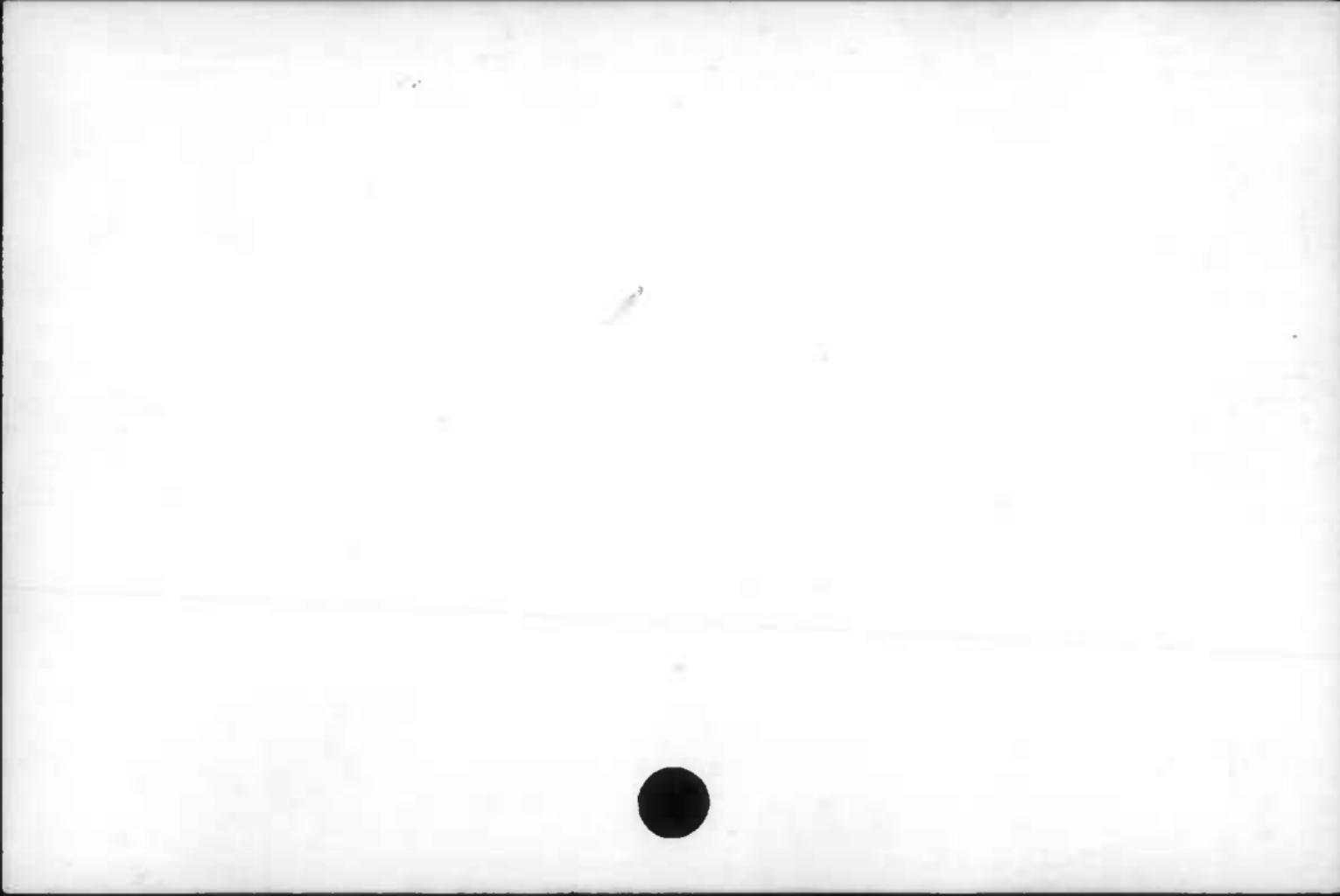
Signature of
Physician

Address

Rioanen Ramsey
Delta Pa

Accident or Suicide

PHYSICIAN
OR CORONER



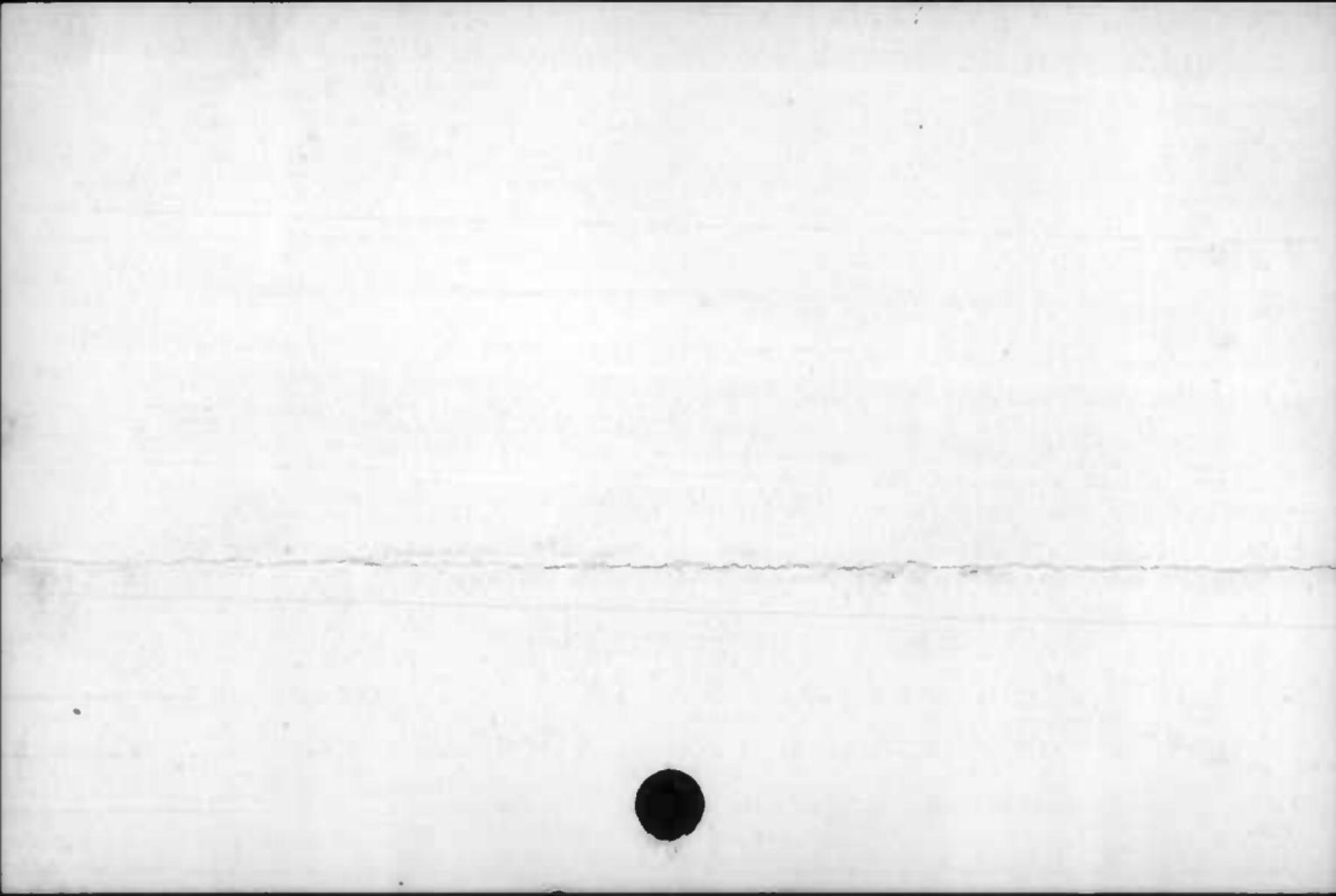
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH				
Died at Barkley		Town	County	MARYLAND
Date of death 1909	Month June	Day 14	Years Age 75	Months _____ Days _____
Sex Female	Color or Race white	Birth-place Phila. Penn.		
Occupation Housewife	Where Residing if not at place of death			
Married, Single or Widowed Widow	Name of Wife or Husband Col J. J. Bunting			
Father's Name John Hanford Willis	Father's Birthplace England			
Mother's Maiden Name Marian Wallace Mackenzie	Mother's Birthplace Scotland			
Name of person giving Information Mrs Mary Jones	How related to deceased daughter			
CAUSES OF DEATH				
Primary Valvular heart disease	79 ✓			
Immediate Drowsiness & exhaustion	How long 7 years			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
	Address			
Accident or Suicide?	Ephr. Hopkins M.D. Darlington Md			

PHYSICIAN
OR CORONER

9



Name
in
Full

Harriet Chenoweth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	White	Birth-place	Baltimore Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Norris Chenoweth			Father's Birthplace	Unknown
Mother's Maiden Name	Rebecca Kierce			Mother's Birthplace	Baltimore Co.
Name of person giving information	Miss Wm. Hopkins			How related to deceased	Kierce

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary

Overdose by self-harm 38 yrs

How long

Immediate

Heart-failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Al Hollingsworth

Baptist Hospital

Accident

⁵
W. H. C. Parington
Milwaukee, Wis.

Name
in
Full

Margorie Ann Bullum
Street

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	June	38	Age
Sex	Color or Race	Birth-place	Months
Female	White	Street Md.	18 days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	George Bullum		
Mother's Maiden Name	Nora Flowers		
Name of person giving Information	Geo. Bullum		

CAUSES OF DEATH

18 ✓

How long

How long

Erysipelas. 5 days

PHYSICIAN
OR CORONER

Primary

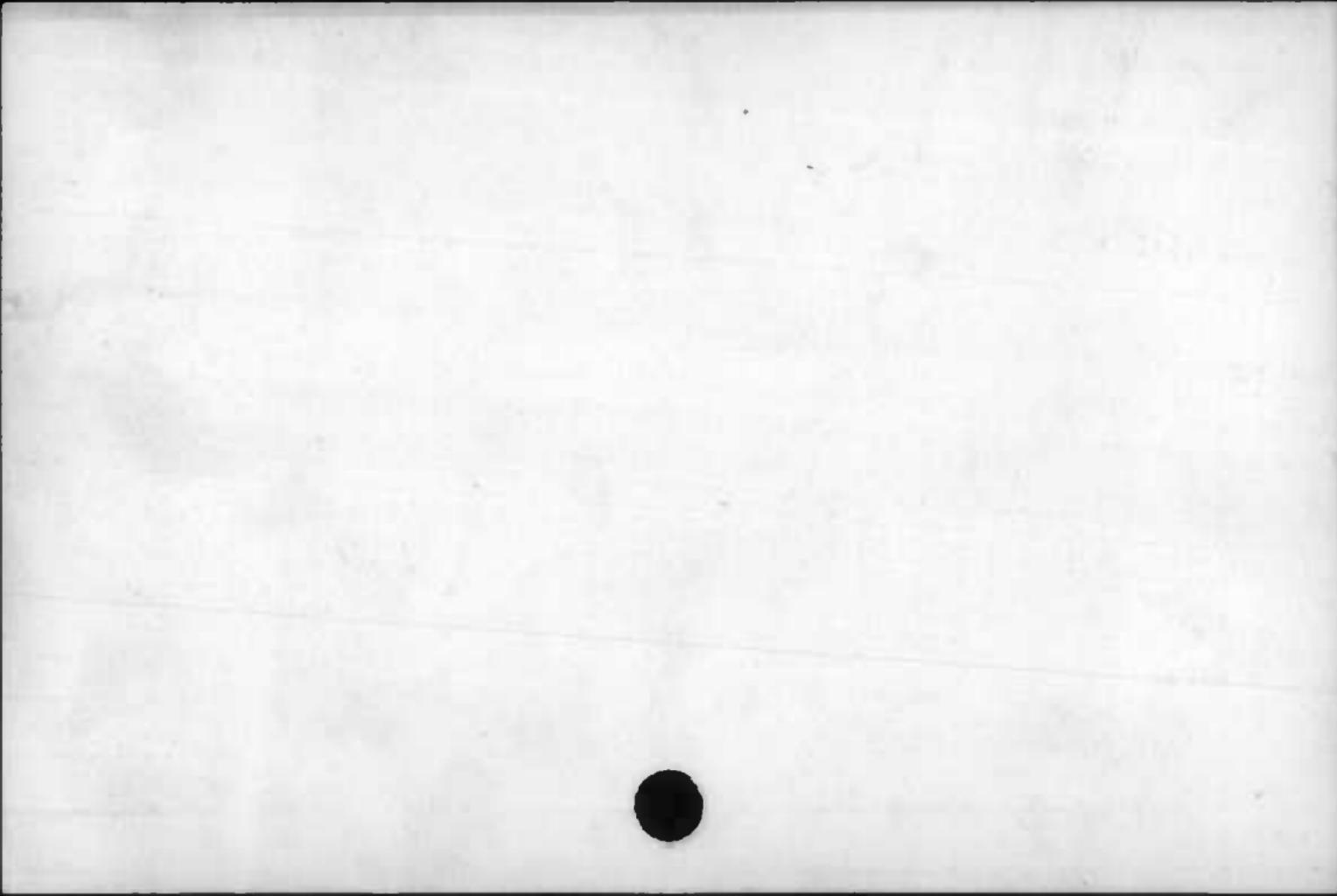
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

James T Foreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Bardins County Hartford
Month June Year 17 Months - Days -
Date of death 1909 Day 24 Age 17
Sex Male Color or Race white Birthplace Hanover Co
Occupation Farm Laborer Where Residing if not at place of death Bardins
Married Single Name of Wife or Husband _____
Single _____
Father's Name George Foreman Father's Birthplace Baltimore
Mother's Maiden Name Katherine Swank Mother's Birthplace Hartford Co
Name of person giving Information Geo Foreman How related to deceased Sister

CAUSES OF DEATH

(61) ✓

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

3 Weeks.

Immediate

Bronchopneumonia

How long

24 hours.

Are the name, age, sex, color, date and place correctly given above?

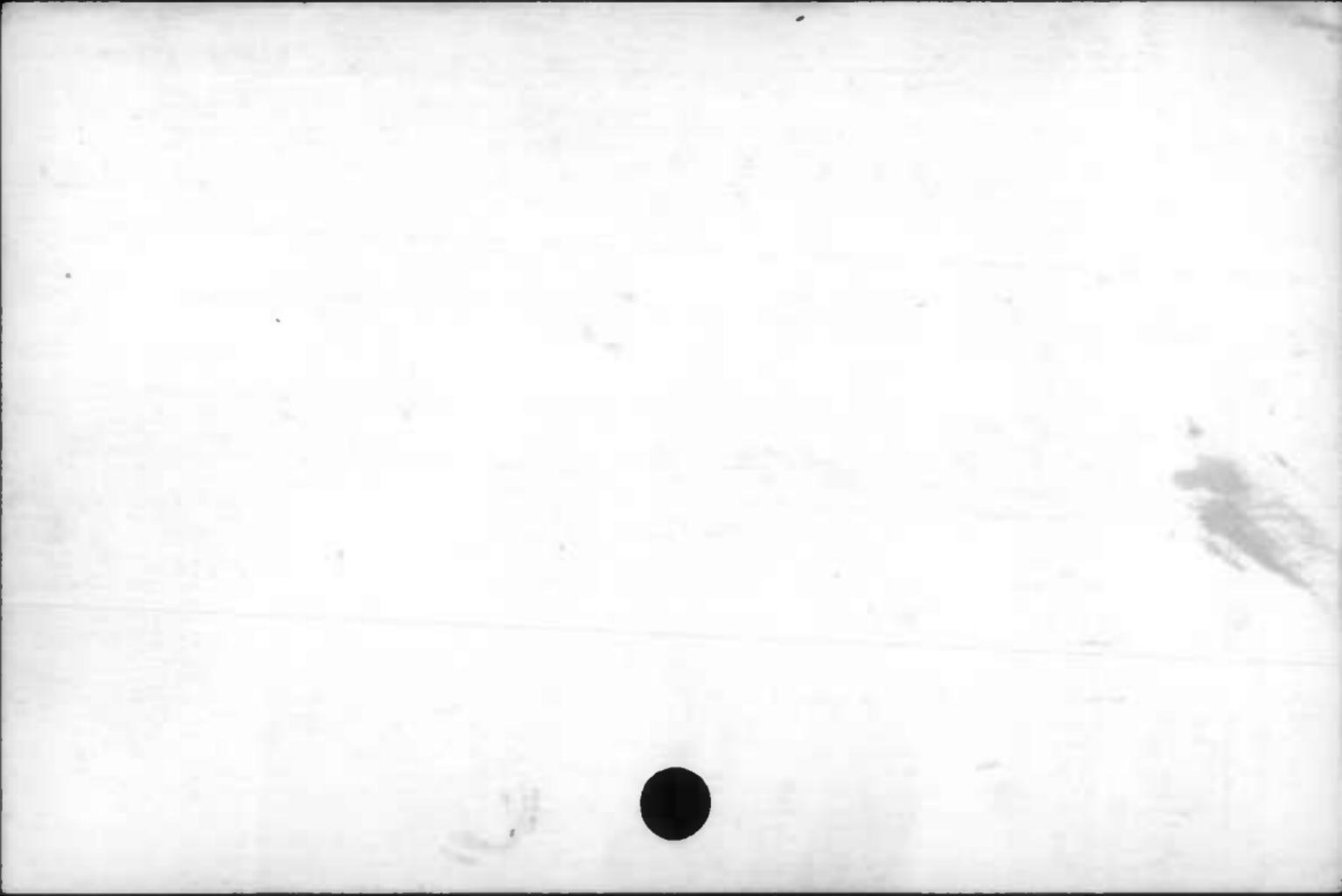
yes

Signature of Physician

Address

Miss H. Kriete
Aberdeen, Md.

Accident or Suicide



Name
in
Full

Frank Gilbert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Harford Co. Md.	
Married, Single or Widowed	Name of Wife or Husband			Harford Co. Md.	
Father's Name	John Gilbert			Father's Birthplace	not known
Mother's Maiden Name	Sumalt			Mother's Birthplace	"
Name of person giving Information	Wm. Duncan			How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic Heart trouble

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

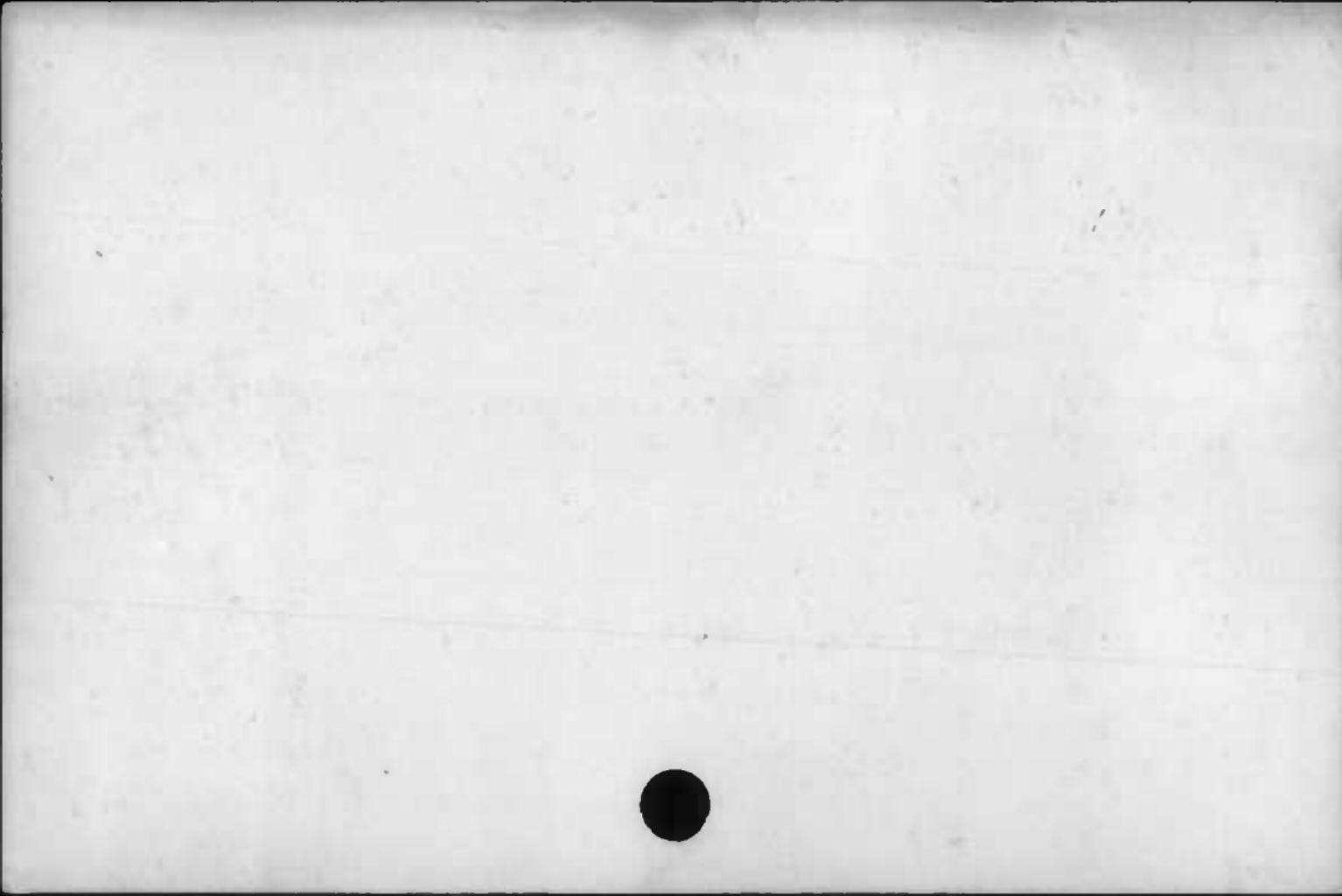
79 ✓

How long

One year

How long

Gibson Dennis
Stewartstown,
Pa.



Name
in
Full

Annie Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Dickinsville	Hagerstown					
Date of death 1909	Month June	Day 27	Age 93	Years	Months	Days
Sex Female	Color or Race Colored	Birth-place Maryland				
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Lloyd Harris	Father's Name Edna Price	Father's Birthplace Maryland			
Mother's Maiden Name Charlotte McDonald	Mother's Birthplace " "					
Name of person giving information Mary Ett	How related to deceased Aunt					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Trouble

79

v

How long

3 mos

Immediate

Heart Failure

How long

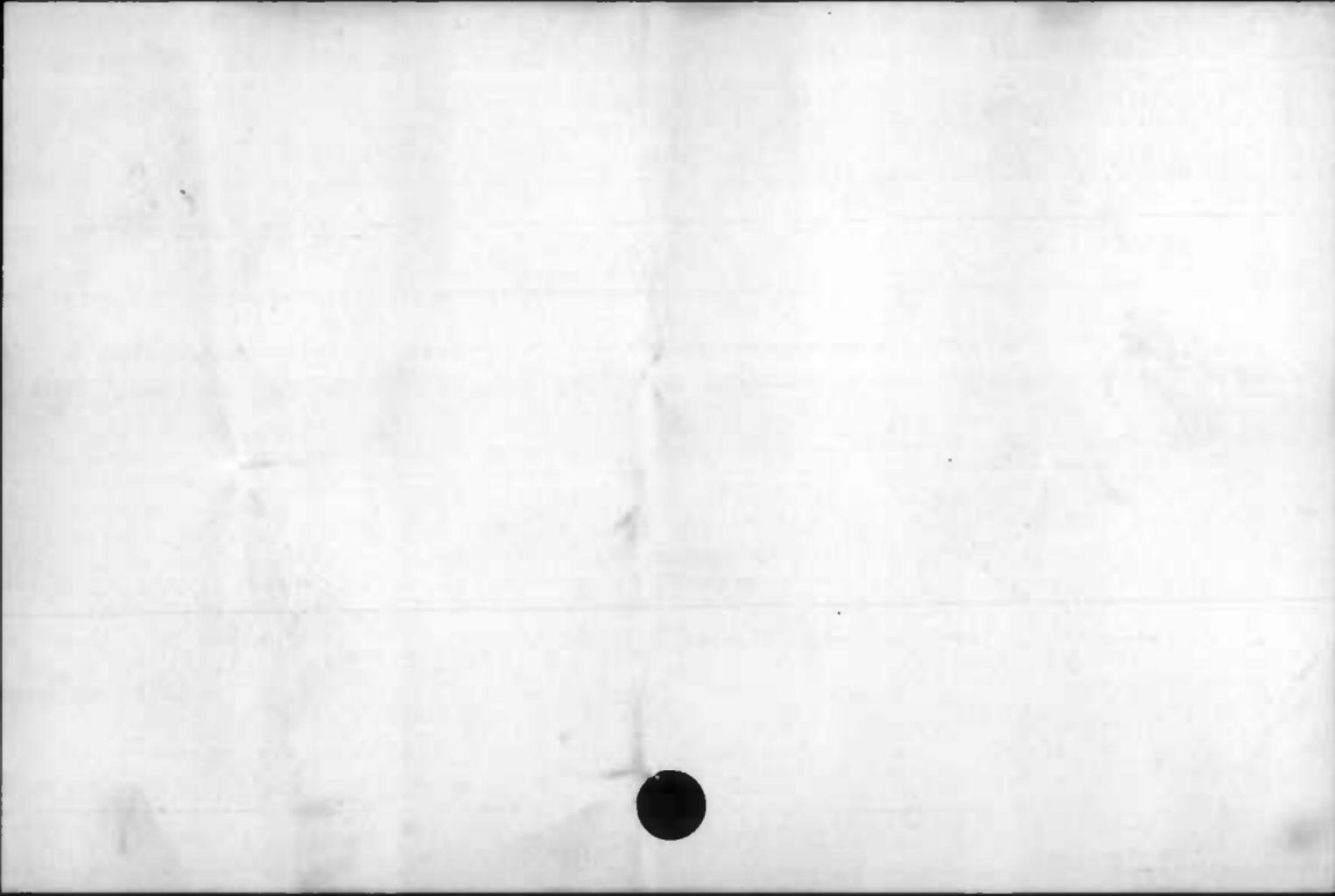
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. W. O'Brien
Brayman
Med.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Dublin		Town	County			
Date of death	1909	Month	June	29 th	Age	82	Years Months Days
Sex	Female		Color or Race	White		Birth-place	Harford, 65, Md.
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband	Geo. W. Jones.			
Father's Name	Amos Evans.					Father's Birthplace	Harford 65 Md.
Mother's Maiden Name	Annie Saunders.					Mother's Birthplace	St. John,
Name of person giving information	Annie Tenant					How related to deceased	Daughter.

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

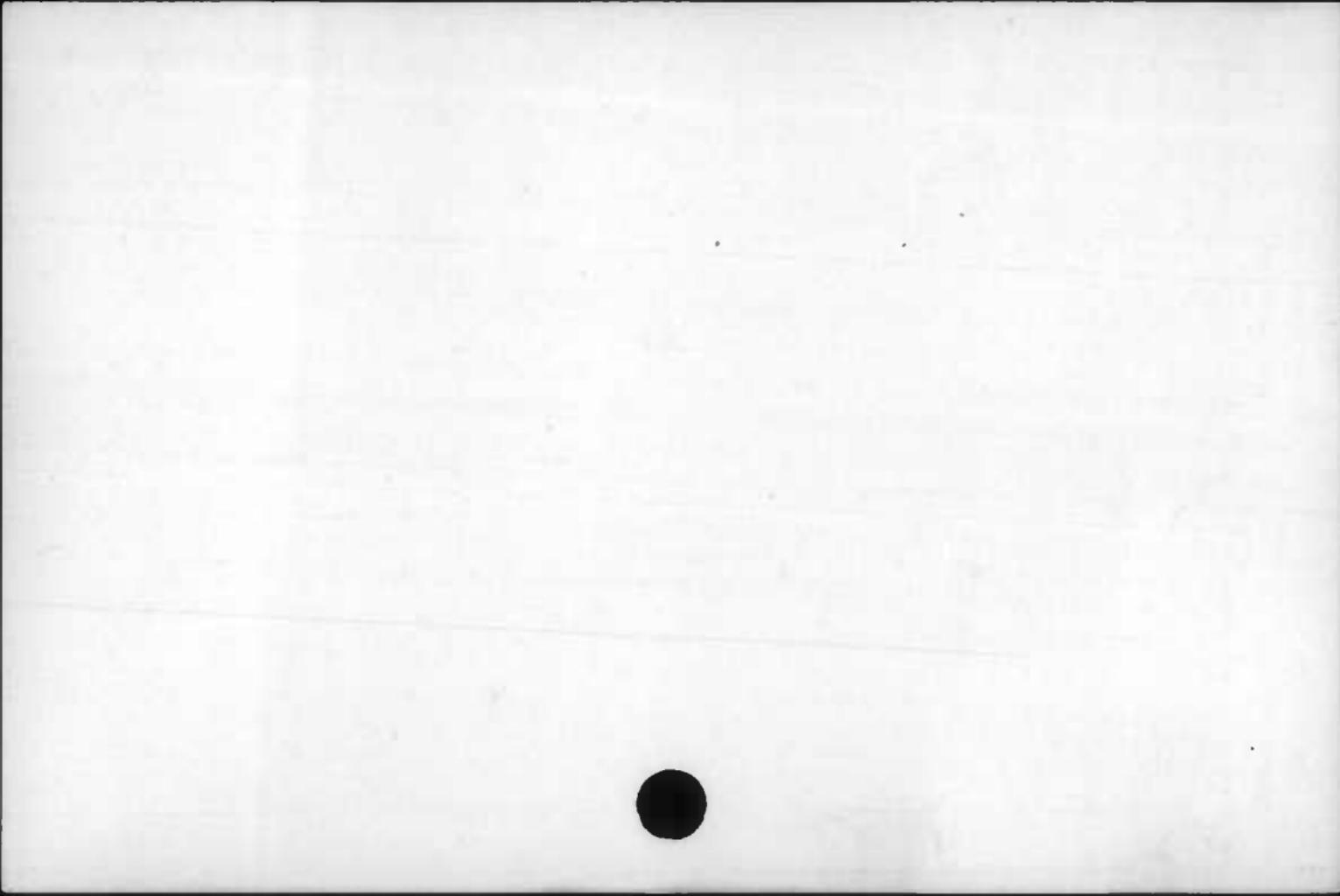
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. H. J. Evans,
Darlington,
.Md.



Name
in
Full

Annie Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	June	10 th	Age 65
Sex	Color or Race	Birth-place	
Female	White	Poole, Md.	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	Joseph Jones	Harford Co.	
Mother's Maiden Name	Margaret Flowers	Mother's Birthplace	
Name of person giving information	Margaret Jones	How related to deceased	
Sister,			

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

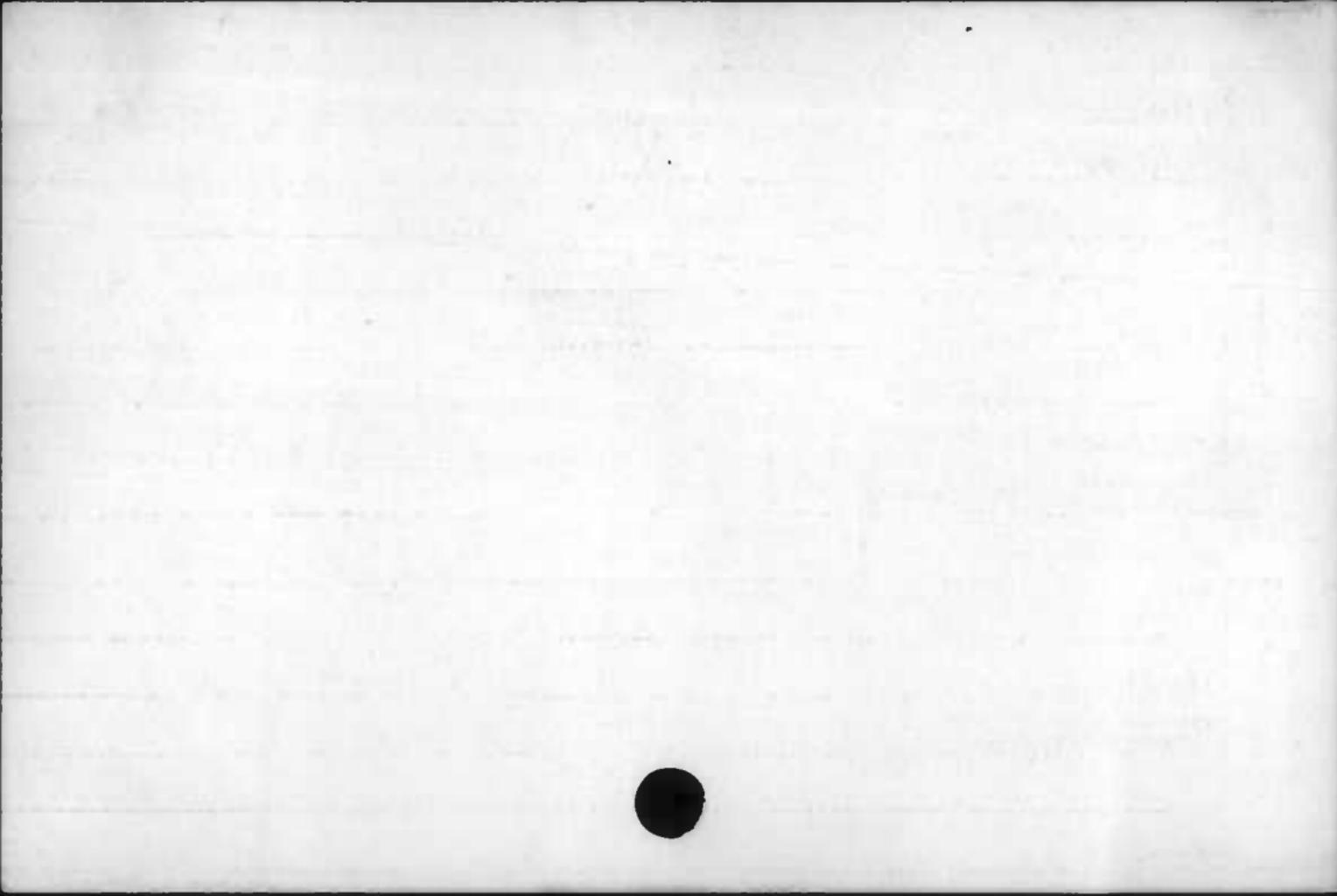
Old Age.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Annie Litchfield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town
Edgewood

County
Harford

Date
of death 190

Month
of June

Day
1

Years

Montha

Days

Age

Sax

Female

Color or
Race

white

Birth
place

Harford Co

Occupation

Infant

Whare Reaiding if not
at place of daath

Merried, Single
or Widawed

Name of Wife or
Husband

Father's
Name

Geo. Washington Litchfield Phila. Pa

Father'a
Birthplace

Mother'a
Maiden Name

Annie Sophie Dawson

Mother'a
Birthplace

Name of person giving
Information

Geo W Litchfield

How related
to deceased

Primary

Still Born

CAUSES OF DEATH

8

How long

Immediata

Chase Roth

How long

Are the name, age, sex, color, data
and place correctly given above ?

yes

Signature of
Physician

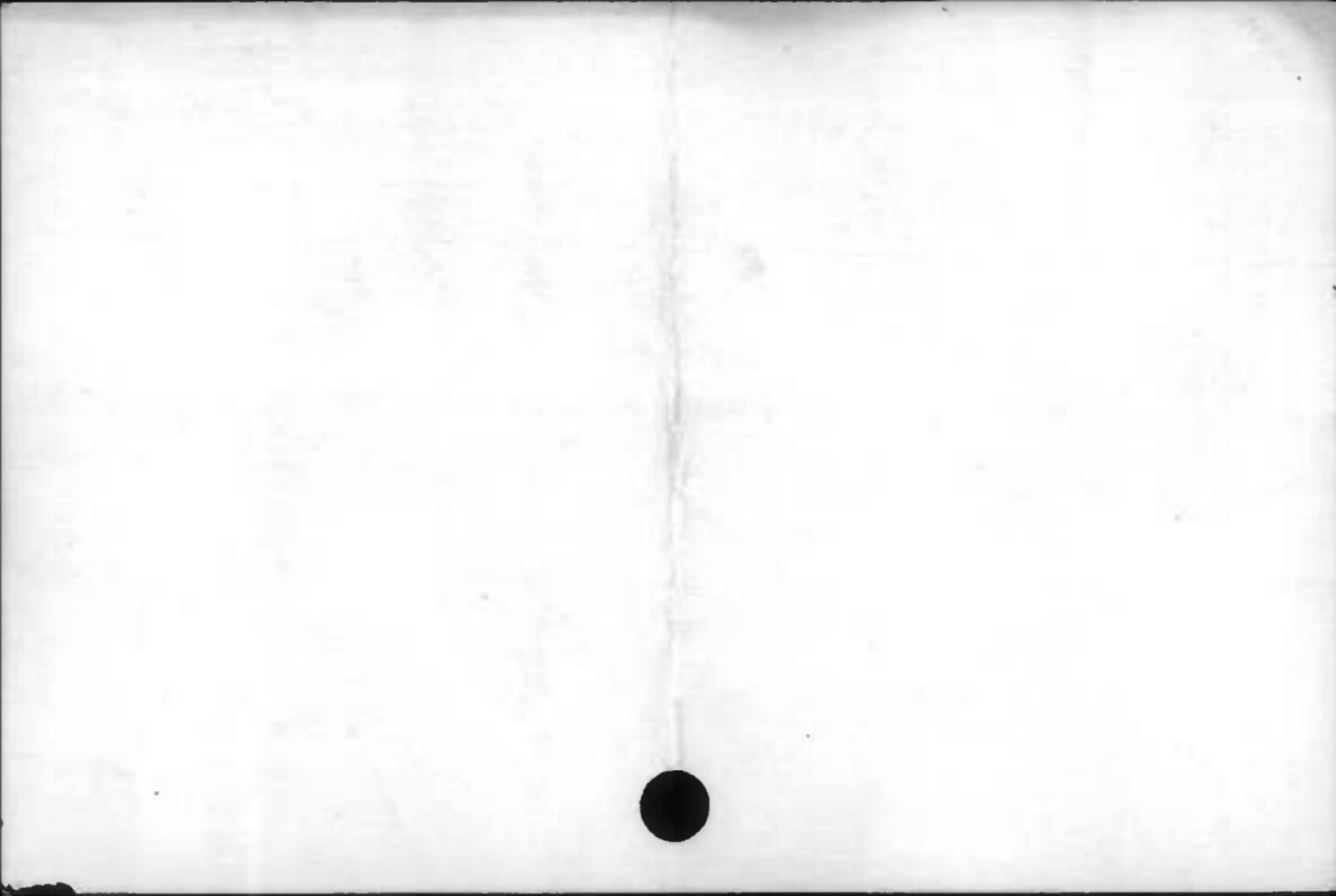
Address

Edgewood Md

PHYSIAN
OR CORONER

I

Accident or Suicide



Name
in
Full

Mary Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Havre de Grace	Harford				
Date of death	Month	Day	Years	Months	Days		
1909	June	17	Age	25	-		
Sex	Female	Color or Race	Black	Birth- place	Harford Co.		
Occupation	House work		Where Residing if not et place of death	H. de Grace			
Married, Single or Widowed	Married	Name of Wife or Husband	Wayman Mitchell				
Father's Name	Samuel Paul		Father's Birthplace	Havre de Grace			
Mother's Maiden Name	Unknown Smith		Mother's Birthplace	Unknown			
Name of person giving Information	Mark Fornace		How related to deceased	none			

CAUSES OF DEATH

33

Primary

Tuberculosis

How long

about 2 yrs

Immediate

General debility

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

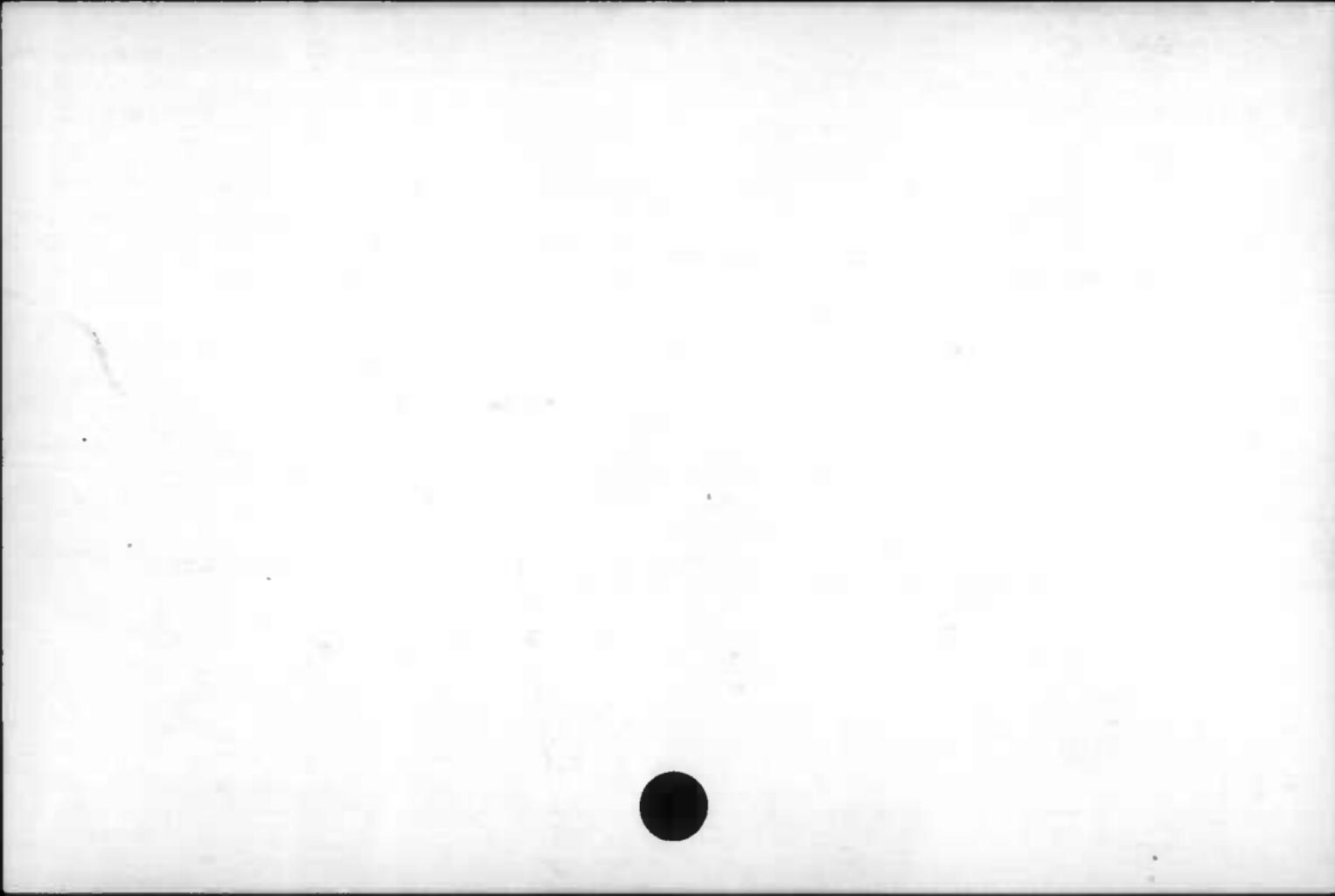
Address

R. H. Brush

Havre de Grace Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

J. Updew Moon.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	June	25	Sixty four	8	9
Sex	Male	Color or Race	White	Birth- place	Fallston
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Home near Fallston		
Father's Name	Ella Odette Moon				
Mother's Maiden Name	Benj P. Moon				
Name of person giving Information	Mary G. Moon				
Caleb J. Moon					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio-sclerosis.

How long

8 mo -³

Immediate

Central Arnia - Arnia

How long

1 wk

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Yes

E. H. Hockings,
Sta. St. Balt. Md.

Accident or Suicide?

155:00

Name
in
Full

Mary Ann Pick

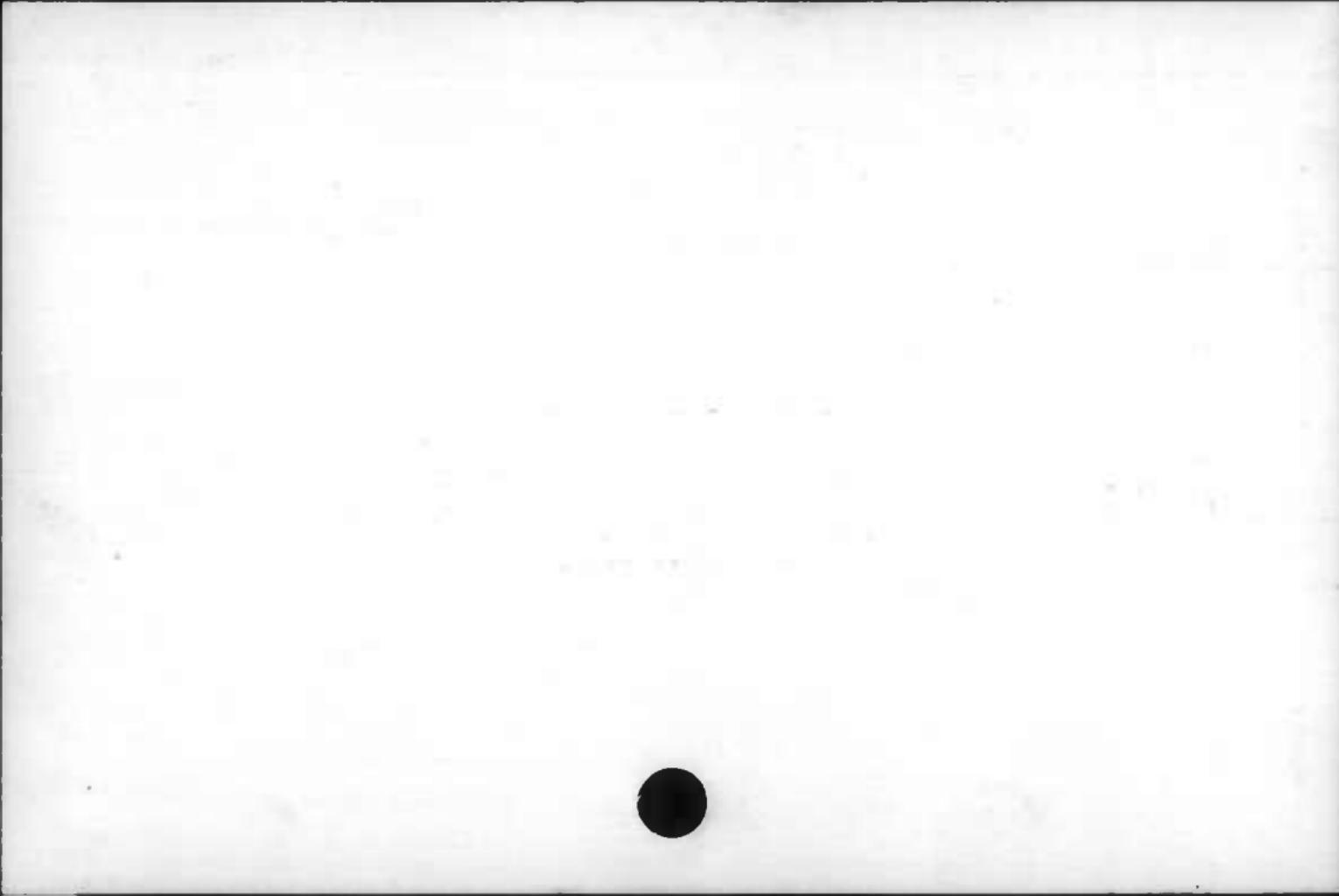
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	68		
Occupation	Black				
Merriad, Single or Widowed	Where Residing if not at place of death				
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related				
Primary	CAUSES OF DEATH				
Immediate	177				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
Address				How long	
Accident or Suicide					

PHYSICIAN
OR CORONER





Name
in
Full

Zanna E. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Hickory	Hanover		
Date of death	Month	Day	Years Months Days
1909	June	23	70 — —
Sex	Color or Race	Age	Birthplace
Female	White	70	Hickory
Occupation	Where Residing if not at place of death		
None	Hickory		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Married	Edward R. Price	Calib Michael	Hickory
Mother's Maiden Name	Anna L. Swartz	Mother's Name	Mother
Name of person giving Information	Blanch L. Campbell	How related to deceased	Daughter

CAUSES OF DEATH

Primary

79 ✓

How long

Immediate

Anti Stenosis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

F. Lee Strugles
Bel Air
Md.

Accident or Suicide

Rack Spring

Name
in
Full

Mrs Rachel Elvorth Randon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Castleton	Town	Harford	County	MARYLAND	
Date of death	1909 June	Month	23	Day	Age	52
Sex	Female	Color or Race	White	Birthplace	Harford Co., Md	
Occupation	Seamstress & Shop Mendress			Where Residing if not at place of death	as above	
Married, Single or Widowed	Widow	Name of Wife or Husband	Fred' Randon	Father's Birthplace	Maryland	
Father's Name	Jessie Miller			Mother's Birthplace	Maryland	
Mother's Maiden Name	Leep			How related to deceased	Son-in-Law	
Name of person giving Information	Charles Jr. Singleton			How long	41 ✓	

CAUSES OF DEATH

Primary

Cancer of the rectum

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

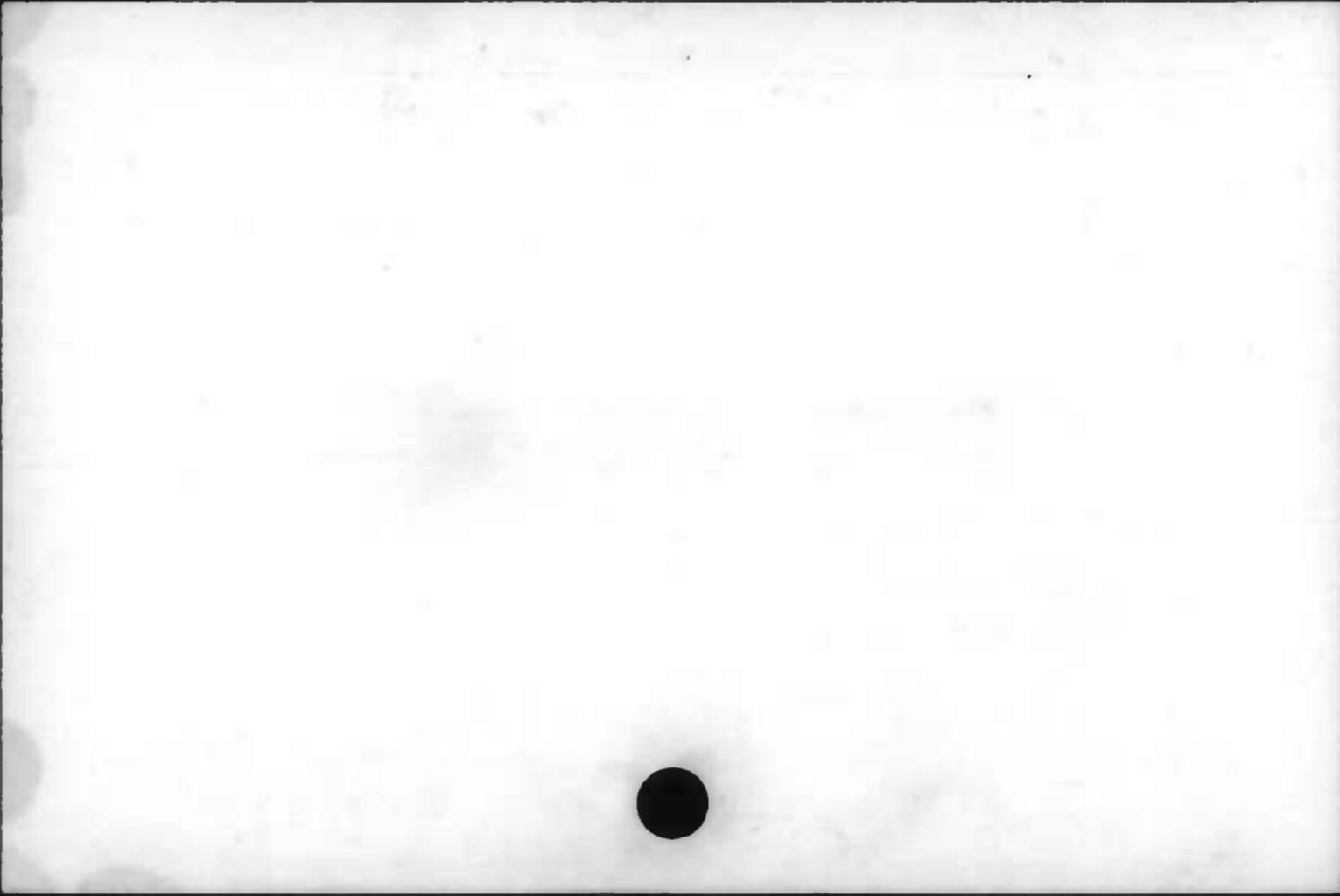
yes

Signature of Physician

Address

Ephr^m Hopkins
Darlington
Md

Accident or Suicide



Name
in
Full

Euphemia Standiford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Where Residing if not at place of death	Birth-place	Day	Year
Occupation					
Married, Single or Widowed	Name of wife or Husband	Chas Standiford			
Father's Name	James Whitelock			Father's Birthplace	Md
Mother's Maiden Name	Caroline Bowman			Mother's Birthplace	Md
Name of person giving Information	Mary Standiford			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma (of face)

44

How long

5 yrs

Immediate

Exhau^tion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

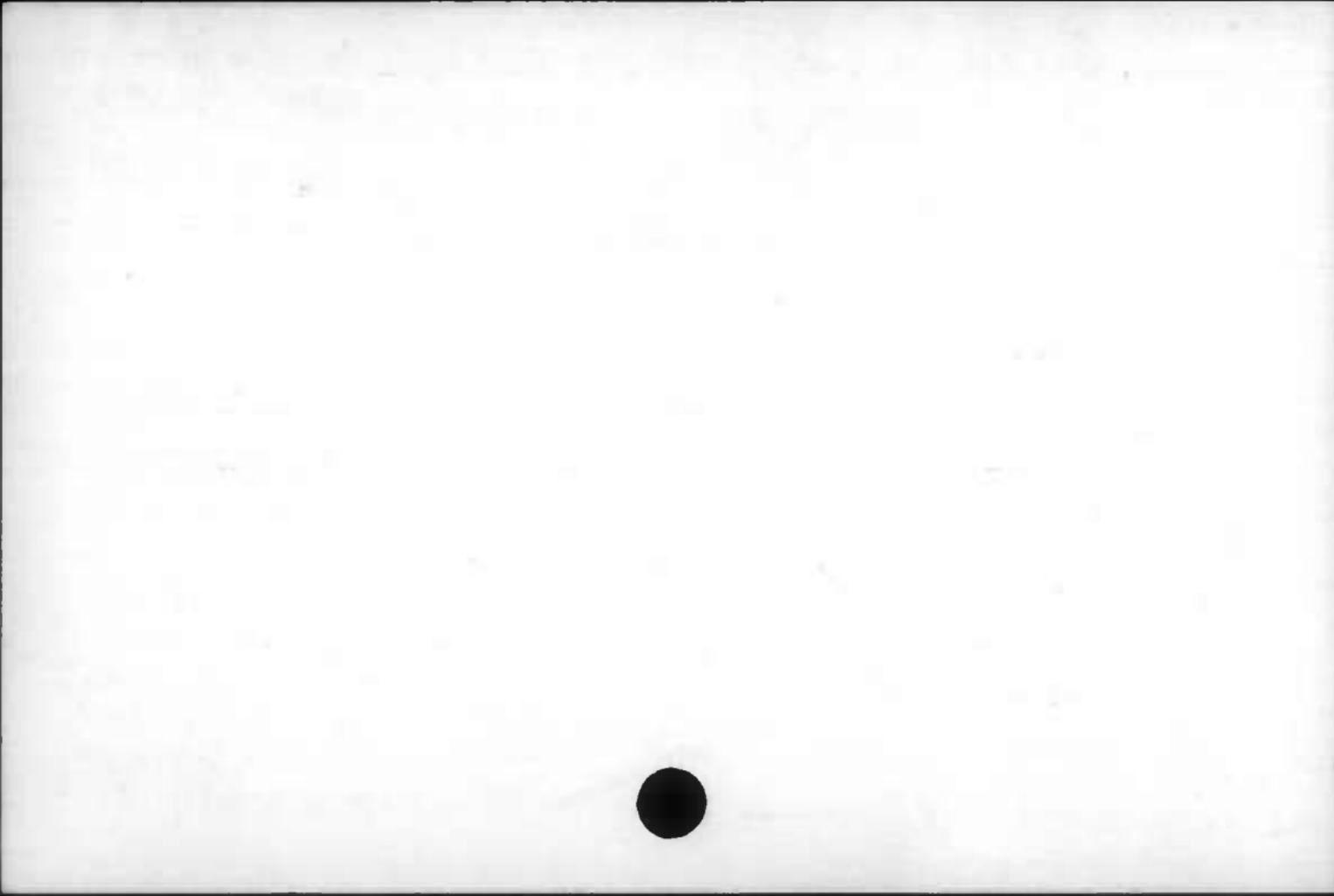
Signature of
Physician

Address

773 Kelly
Darlingby

Md.

Accident or Suicide



Name
in
Full

Infant Staudiford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

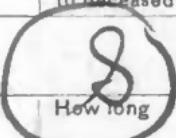
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Days
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Pansay Staudiford		Father's Birthplace	Md	
Mother's Maiden Name	Ruth Thompson		Mother's Birthplace	Md	
Name of person giving Information.	Pansay Staudiford		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born



How long

Immediate

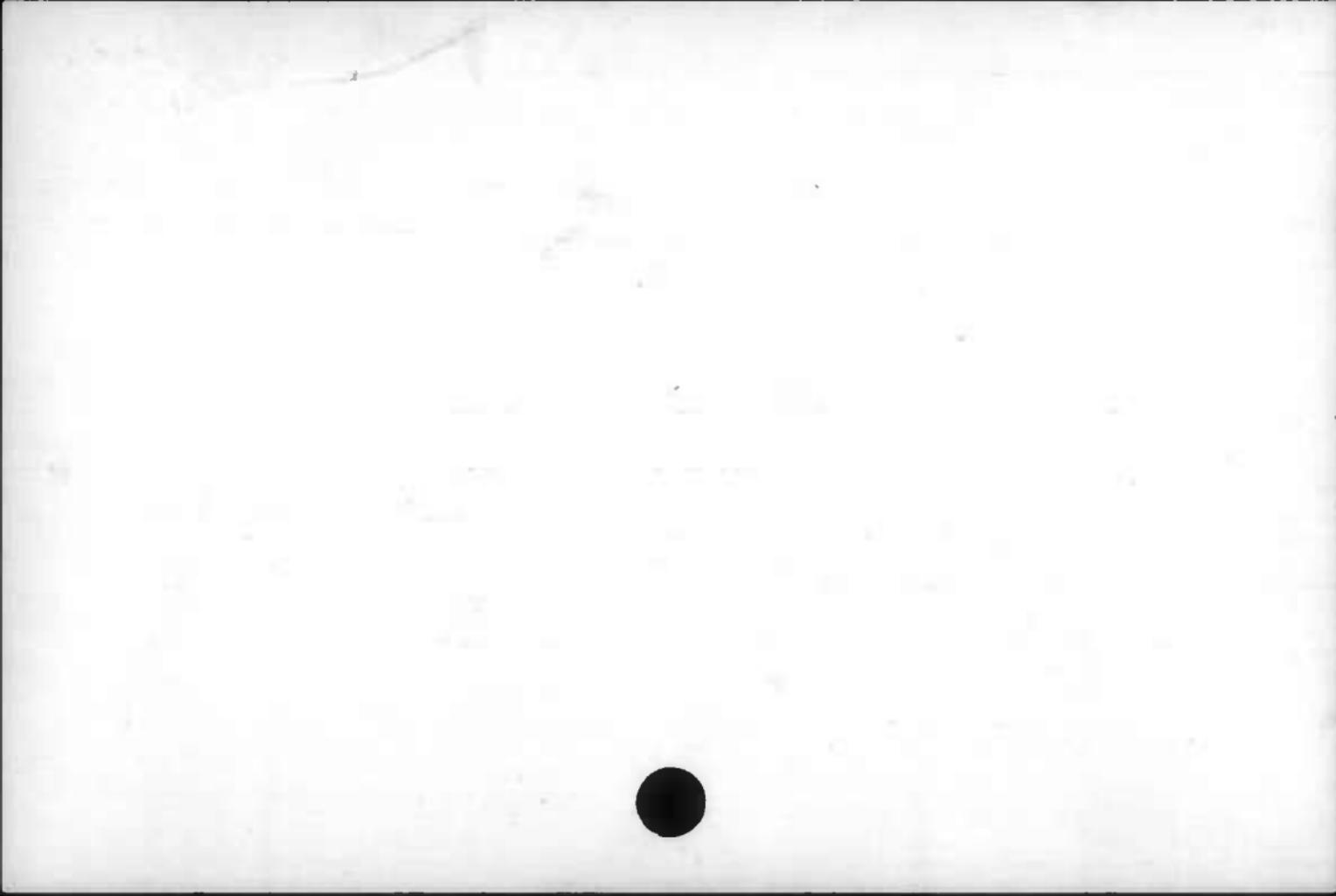
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

N.B. Kirk MD
Darlington.

Accident or Suicide



Name
in
Full

Wm A Steadwell Steavens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Day	Days
Married, Single or Widowed	Name of Wife or Husband	Sarah. E French	
Father's Name	unknown	Father's Birthplace	
Mother's Maiden Name	unknown	Mother's Birthplace	
Name of person giving information	Marion D Carr	How related to deceased	No relation

Caused by Corn on 3rd toe. CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary

Gangrene of left great toe 6 weeks

Immediate

Heart failure

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.

O B Carr and
Rail Air 7nd

Accident or Suicide

Rock Springs

Name
in
Full

Mary Stephenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Garland</u>		Town	County <u>Hanford</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>13</u>	Age <u>22</u>	Years	Month <u>10</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>		
Occupation <u>Not any</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>George R. Stephenson</u>				Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Connie M. Hanna</u>				Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Maryout S. Stephenson</u>				How related to deceased <u>Sister</u>		

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

2

3 or 4 years

Immediate

Heart & Kidney complication

Address

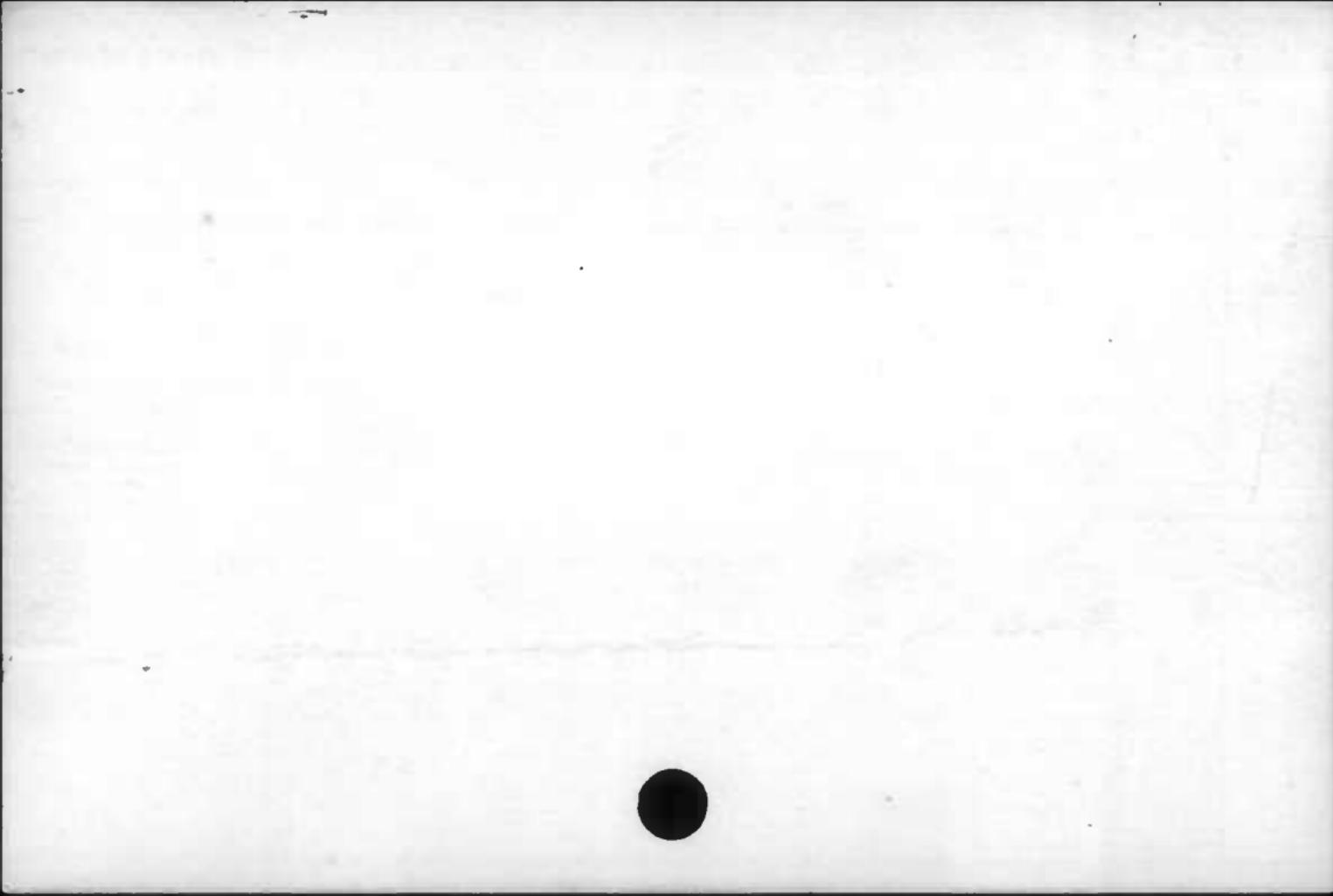
Havre de Grace
Md

Signature of Physician

J L Hopkins

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide



Name
in
Full

Charlotte J Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	—
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	John Taylor	
Father's Name	Moses Jenkins	Father's Birthplace	Virginia
Mother's Maiden Name	unknown	Mother's Birthplace	—
Name of person giving information	Lettera Hale	How related to deceased	Daughter

CAUSES OF DEATH

120

Primary Nephritis Chronic Intert. ?
Immediate Diarrhea.
How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Purcell & Seppings
Bel Air
Md

Accident or Suicide

